

## INTRODUCTION

Effective March 1, 2015, the Michigan Department of Health and Human Services (MDHHS), in partnership with the Centers for Medicare and Medicaid Services (CMS), implemented a new capitated managed care program called MI Health Link. This program integrates, into a single coordinated delivery system, all physical health care, pharmacy, long term supports and services and behavioral health care for individuals who are dually eligible for full Medicare and full Medicaid.

The goals of the program are to improve coordination of supports and services offered through Medicare and Medicaid, enhance quality of life, improve quality of care and align financial incentives. The program is a demonstration project ending December 31, 2020.

## ELIGIBILITY

Individuals who are eligible to participate are those who are age 21 or older, eligible for full benefits under Medicare and Medicaid, and reside in one of the four demonstration regions:

- **Region 1** - All counties in the Upper Peninsula.
- **Region 4** - Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph and Van Buren Counties.
- **Region 7** - Wayne County
- **Region 9** - Macomb County

The following categories are not eligible to participate with the MI Health Link program:

- Individuals under 21 years of age.
- Individuals previously dis-enrolled due to special enrollment from Medicaid managed care as defined in 42 CFR 438.56.
- Individuals not living in one of the four demonstration regions.
- Individuals with Additional Low Income Medicare Beneficiary/Qualified Individual (ALMB/QI) program coverage.
- Individuals without full Medicaid coverage (deductible).

- Individuals with Medicaid who reside in a State psychiatric hospital.
- Individuals with commercial HMO coverage.
- Individuals with elected hospice services.

**Note:** The MI Health Link program does not cover hospice services. If MI Health Link enrollees require hospice services, they must dis-enroll from the MI Health Link program and receive the hospice services through original Medicare and Medicaid.

- Individuals found to be not lawfully present (illegal aliens).
- Individuals who are incarcerated.

Individuals enrolled in PACE, MI Choice, MI Care Team and Independence at Home are eligible but must leave their programs before joining MI Health Link.

## INTEGRATED CARE ORGANIZATIONS (ICO)

MDHHS and CMS contracts with managed care entities called Integrated Care Organizations (ICOs) to provide Medicare and Medicaid covered acute and primary health care, pharmacy, dental and long term supports and services (nursing facility and home and community based services). The MI Health Link program also includes a home and community-based services (HCBS) waiver for MI Health Link enrollees who meet nursing facility level of care, choose to live in the community rather than an institution, and have a need for at least one of the waiver services.

The Michigan Pre-paid Inpatient Health Plans (PIHP) in the four demonstration regions are responsible for providing all Medicare and Medicaid behavioral health services for individuals who have mental illness, intellectual/developmental disabilities, and/or substance use disorders.

The following is a list of the ICOs providing MI Health Link services in the four regions of the demonstration project:

Region 1 - All counties in the Upper Peninsula (one choice)

Upper Peninsula Health Plan  
228 W. Washington Street  
Marquette, MI 49855  
1-877-349-9324

Region 4 - Southwest Counties (two choices)

Aetna Better Health of Michigan, Inc.  
1333 Gratiot  
Suite 400  
Detroit, MI 48207  
1-855-676-5772

Meridian Health Plan  
777 Woodward Avenue  
Suite 600  
Detroit, MI 48226  
1-888-437-0606

Region 7 and 9 - Wayne and Macomb Counties (five choices)

Aetna Better Health of Michigan, Inc.  
1333 Gratiot  
Suite 400  
Detroit, MI 48207  
1-855-676-5772

AmeriHealth Michigan, Inc.  
200 Stevens Drive  
Philadelphia, PA 19113-9802  
1-888-667-0318

Fidelis SeniorCare, Inc. of Michigan  
20 North Martingale Road  
Suite 180  
Schaumburg, IL 60173  
1-313-748-4200

HAP Midwest Health Plan  
4700 Schaefer Road  
Suite 340  
Dearborn, MI 48126  
888-645-0706  
Molina Healthcare, Inc.

880 W. Long Lake Road  
Suite 600  
Troy, MI 48098  
855-322-4077

## **COVERED SERVICES**

The MI Health Link offers an array of services to dual eligibles enrolled in the program. All health care services covered by Medicare and Medicaid including:

- Dental and vision services.
- Diagnostic testing and lab services.
- Emergency and urgent care.
- Equipment and medical supplies.
- Home health services.
- Hospitalizations and surgeries.
- Medications (without co-payments).
- Nursing home services.
- Physicians and specialists.
- Transportation for medical emergencies and medical appointments.

Services for long term supports and services including:

- Adult day program.
- Chore services.
- Community transition services.
- Equipment to help with activities of daily living.
- Fiscal intermediary services.
- Home delivered meals.
- Home modifications.
- Nursing home care.
- Personal care.
- Personal emergency response system.
- Preventive nursing services.
- Private duty nursing.
- Respite.

**Care Coordination  
Process**

An important part of the MI Health Link program is person-centered coordination. The care coordination process will include assessment of the enrollee's health history and current status, development on an Individual Integrated Care and Supports Plan (IICSP) through person-centered planning, creation and maintenance of an Individual Care Bridge Record to promote the storage and sharing of information across providers, collaboration between the enrollee and members of his or her Integrated Care Team, and ongoing monitoring and advocacy.

**ENROLLMENT  
PROCESS**

Enrollment in the MI Health Link program occurs in two ways:

1. Voluntary enrollment
2. Passive enrollment.

***Voluntary Enrollment***

For voluntary enrollment, the eligible individual must call the enrollment broker contracted by the State for Medicaid managed care programs. The individual selects the ICO in which they wish to enroll, using the ICO provider networks and drug formularies to assist in making choices.

***Passive Enrollment***

Eligible individuals who do not voluntarily enroll in the program receive a notification letter at least 60 days prior to the enrollment effective date informing them they will be passively enrolled. Eligible individuals will have a period of 60 days to cancel their passive enrollment in the program if they choose to do so prior to the enrollment effective date.

Individuals may cancel passive enrollment by calling the entities as indicated in the notification letter. Individuals who do not cancel their enrollment in the program prior to the effective date will be passively enrolled and an ICO will be assigned to them. Prior to the enrollment date, and at any time thereafter, individuals will have the opportunity to select a different ICO than the one assigned, if there is another ICO option in the region.

After enrollment, individuals are issued an ID card that is specific to the MI Health Link program. This ID card is used instead of the traditional Medicare and Medicaid ID cards, and identifies the name of the ICO responsible for coverage along with the MI Health Link logo.

If a client has questions about his or her health care options, refer them to the Michigan Medicare/Medicaid Assistance Program (MMAAP) office at 1-800-803-7174.

**Note:** Clients must call Michigan ENROLLS to enroll, dis-enroll or cancel the passive enrollment of MI Health Link at 1-800-975-7630.

Individuals eligible for MI Health Link may enroll, dis-enroll or cancel the passive enrollment at any time. Disenrollment is effective on the first day of the following month.

## HOME HELP

Dual eligible clients enrolled in MI Health Link must receive personal care services through the Integrated Care Organizations (ICOs). Individuals who are enrolled under this program are **not** allowed to receive services from home help or adult community placement and MI Health Link concurrently. This is similar to the MI Choice waiver program or PACE where the client must select **one** program. If the client chooses MI Health Link, the specialist must close the case.

**Note:** The specialist must send a DHS-1212, Advance Negative Action Notice to the client. A ten day notice is not required as it is the client's choice to end services (see ASM 150).

Individuals in MI Health Link may choose to enroll or dis-enroll on a monthly basis as permitted by Medicare rules. Therefore, it is important to note that an individual who is enrolled and receiving personal care services from an Integrated Care Organization (ICO) in one month may choose to dis-enroll from MI Health Link and reapply for Home Help or adult community placement the following month.

If a home help referral is received from a former client who has dis-enrolled from the MI Health Link plan, these referrals should be treated as a priority in order to limit the disruption of continuity of care.

## Home Help Providers

The Integrated Care Organizations (ICOs) are required to make every effort to bring existing home help providers into their network via contracts or other agreements if the enrollee chooses to maintain their current provider. Individuals must meet the requirements for home help providers set by the ICO policy including passing a criminal history screen.

Individuals providing home help services to a client enrolled in the MHL plan must contact the ICO to discuss enrollment as a network provider in order to receive payment for personal care services provided.

Providers with questions regarding the transition from home help to the MI Health Link plan should be referred to the MDHHS Provider Support hotline at 1-800-979-4662.

## LEVEL OF CARE (LOC)

In order to effectively coordinate home help services and avoid duplication of services, the client's level of care (LOC) must be reviewed to determine enrollment in other programs. The level of care for the MI Health Link plan is **07**, which is the same LOC for the home help program and adult community placement.

Adult services staff will be able to identify when a client is receiving services from MI Health Link if one of the Integrated Care Organizations is listed as the Medicaid provider under the level of care module in ASCAP. All ICO provider ID numbers begin with **28**.

Level of care (LOC) codes specific to the MI Health Link program are as follows:

### ***Level of Care 03 - Home and Community Based Waiver***

Individual meets nursing facility level of care based on the Michigan Medicaid Nursing Facility Level of Care Determination (LOCD), lives in the community, and participates in the MI Health Link HCBS waiver program.

***Level of Care 05 - Long Term Care Facility***

Resident of any nursing facility or hospital long term care unit (private or county owned) that is not a County Medical Care Facility.

***Level of Care 15***

This LOC indicates an individual is residing in a County Medical Care Facility.